

FIRST THINGS FIRST

EARLY CHILDHOOD SUMMIT 2015

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Health Strategies 202 Overview

Health Team

Background of Health Strategies

- FTF decided early in the process of implementation that we would not fund direct health services or health insurance
- Health strategies and programs cannot supplant existing services provided by the health care system
- Health strategies are aligned with preventive health standards
- The focus is on early childhood prevention and education

List of Health Strategies

- Care Coordination Medical Home
- Nutrition, Physical Activity, Obesity Prevention and Food Security
- Child Care Health Consultation (CCHC)
- Developmental and Sensory Screening
- Oral Health
- Mental Health Consultation (MHC)
- Family Support Children with Special Needs
- Health Insurance Enrollment
- Recruitment – Stipends/Loan Forgiveness

Care Coordination/medical home

- Intent: The intent of the strategy is to embed a care coordinator into a clinical practice to assist families to navigate the complex health care and social service systems
- The expected result of effective care coordination is that families receive support, children receive the services that they need and that services are efficient to avoid duplication and unnecessary stress on their families

Care Coordination/Medical Home

- **Evidence Based Models:**
 - Healthy Steps Model
 - Pediatric Alliance for Coordinated Care (PACC)
- **Why it is important:** children and their families receive support and coordination services within the clinic setting and fewer children fall through the cracks

Nutrition, Physical Activity and Obesity Prevention

- Intent: To support children in achieving and maintaining a healthy weight through interactive games and activities in their families, in child care settings and in their communities.
- Why it is important:

*Obesity rates remain very high, putting Americans at risk for a range of **health problems** and adding a major burden to national **healthcare costs**. And, if we don't act now, this generation of children may be the first in U.S. history to **live sicker and die younger** than their parents.*

- Robert Wood Johnson Foundation

- Evidence Based Models
 - SPARK, Empower, NAP SACC, Let's Move, Color Me Healthy
- Activity:
 - Instant Recess! Let's get MOVING!

Child Care Health Consultation (CCHC)

Intent: To promote the health and development of children, families, and child care staff and to ensure a healthy and safe child care environment.

Evidenced Based : The CCHC uses standards are research based, best practice standards to improve the quality of care for children in early education and child care programs.

Child Care Health Consultation is part of the Quality First Bundle

CCHC

CCHC's partner with other early child care providers and professionals to:

- Assess the health and safety needs and practices in the child care facility.
- Establish and review health policies and procedures.
- Manage and prevent injuries and prevent communicable and infectious diseases.

CCHC

Continued...

- Develop strategies for inclusion of children with special care needs.
- Staff training including medication administration, recognizing and reporting child abuse, food safety, disease control, emergency preparedness, blood borne pathogens.
- Connect families with community health resources.

CCHC

Video

 First Things First presents On Site with a Child Care Health Consultant



Developmental and sensory screening

- Intent: To support routine and age appropriate developmental, hearing and vision screening of all young children.
- The expected results are:
 - Early identification of a developmental delay, hearing or vision concern.
 - Referral for further evaluation if necessary.
 - Family education about healthy development.

Developmental and sensory screening

- Primary and secondary strategy
 - Primary- contract with an organization to conduct developmental, hearing and/or vision screening within community settings
 - Secondary: ensure that screening has been conducted. Expected from other grantees- Home visitation, some Family Resource Centers, Care Coordination/Medical Home, Family Support for Children with Special Needs
- Screening tools: ASQ-3; ASQ-SE; PEDS; MCHAT

Developmental and sensory screening

- Screening standards
 - AAP-9-18-24 months developmental screening
 - Between 2-3 years old for hearing and vision and then annually
 - Or when there is a parent or clinical concern
- Why it is important?
 - Only 21% of children under 6 receive a developmental screening in AZ
 - Early identification of delay or concerns
 - Early intervention and support

Oral Health

- **Intent:** Prevent and reduce prevalence of tooth decay so that children are healthy enough to learn and to offset a lifetime of health complications
- **Why it is important**
 - Tooth decay is the #1 chronic childhood illness yet is...
 - Can impact a child's development and ability to...

Oral Health

- **Evidence Based Models**
 - Sodium fluoride varnish (5%)
 - Screening – use of the Basic Screening Survey (ASTDD). Caries-Risk Assessment Tool (CAT), Caries Management by Risk Assessment (CAMBRA)
 - Education – First Smiles (CA), ADA Smile Smarts, National Maternal and Child Oral Health Resource Center and Open Wide and Trek Inside

Mental Health Consultation

- Intent: To build the skills and capacity of the early childhood education professionals to prevent, identify early and reduce challenging classroom behaviors
- Why it is important:
 - Increases the skill, competence and tools that a teacher has
 - Learning is dependent on teacher skill
 - Managing challenging behaviors
 - Expulsion rates

Mental Health Consultation

- Evidence Based Models
 - Early childhood mental health consultation

Mental Health Consultation

- Video

Family Support for Children with Special Needs

- Intent: To promote child physical, social and emotional development, and to support children and their families when they not eligible for early intervention services.
- Evidence Based Models
 - Parents as Teachers Home Visitation for Children with Special needs
 - Parent Coaching

Family Support for Children with Special Needs

- Why it is important
 - Eligibility for the Arizona Early Intervention Program (AzEIP) requires 50% delay in one or two developmental domains
 - Children with mild to moderate delays may not meet that criteria and they still need support- could be up to 25% of children
- Strategy Components
 - Family support, follow a curriculum and monitor child development

Unfunded

- Health insurance enrollment
 - 10% of children under 6 are uninsured in Az. Compared to 6% nationally
 - As a secondary strategy- grantees must ask if the child/family have health insurance and then refer them to someone who can assist them with enrollment
 - Or refer families to community clinics where they can get low cost services

Unfunded

- Recruitment, Loan Forgiveness and Stipend
 - Previously funded- changed for FY16 but unfunded
 - Funds recruitment of occupational, physical or speech language therapists to a region
 - Cost can be shared between regions
 - Cost is \$25,000 per year for 2 years (\$15K for loan forgiveness and \$10K for stipend) plus 15% administrative cost



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Questions???

See the Handout for more
details



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